

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: GEORGIA

Citation

42 CFR
430.10

As a condition for receipt of Federal funds under
title XIX of the Social Security Act, the

GEORGIA COMMUNITY HEALTH

(Single State Agency)

submits the following State plan for the medical
assistance program, and hereby agrees to administer
the program in accordance with the provisions of this
State plan, the requirements of titles XI and XIX of
the Act, and all applicable Federal regulations and
other official issuances of the Department.

TN No. 99-017

Supersedes

TN No. 91-31

Approval Date

Effective Date

HCFA ID: 7982E

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May 22, 1980

State Georgia

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a)

GEORGIA COMMUNITY HEALTH

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN # 99-017

Supersedes

TN # 78-5

Approval Date _____

Effective Date _____